

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3843

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BORANCE TWP</u> c. LENGTH OF STAY (in this place) <u>23 YRS</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BORANCE TWP</u> d. STREET ADDRESS (If rural, give location) <u>NEAR MARBLE HILL</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>NEILSON SR.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-50</u>			
5. SEX <u>M. W.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>FEB. 12, 1885</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>0</u>		11. DAYS <u>4</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (State or foreign country) <u>VERSAILLES, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN NEILSON</u>				13b. MOTHER'S MAIDEN NAME <u>STOVER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE R. NEILSON JR.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Due to (a) Diabetes</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>480A</u>				19. DATE OF OPERATION _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>2/14</u> , 19 <u>50</u> , to <u>2/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/16</u> , 19 <u>50</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.D. Phipps</u>				23b. ADDRESS <u>100 Duaneville Mo</u>			
23c. DATE SIGNED <u>2/19/50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>Feb. 20, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CEM.</u>			
24d. LOCATION (City, town, or county) (State) <u>VERSAILLES Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>			
25. ADDRESS <u>WUTESVILLE, Mo.</u>				DATE REC'D BY LOCAL REG. <u>Feb. 19, 1950</u>			
REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>				26. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-256

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed

J. C. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address *Lutesville, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.